



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Peronek, et al.
For : APPARATUS AND METHOD TO PREVENT
BOTTLE ROTATION
Serial No. : 10/680,794
Filed : October 7, 2003
Examiner : Eugene Lee Kim
Group Art Unit : 3721
Our Docket : FCIE 2 13321-1

AMENDMENT

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action mailed March 16, 2004, please amend the above-identified
patent application as follows:

05/07/2004 SZEWDIE1 00000014 060308 10680794

01 FC:2202 9.00 DA

I hereby certify that this correspondence is being deposited
with the United States Postal Service as first class mail in
an envelope addressed to Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450

on 05-04-04

W. Cox

(SIGNATURE)

05-04-04

AMENDMENT TRANSMISSION
INDIVIDUAL & SMALL BUSINESSES
DOCKET NO. FCIE 2 13321-1

In re application of: Peronek, et al.

Serial No. 10/680,794

Filed: MAY 06 2004 October 7, 2003

For: APPARATUS AND METHOD TO PREVENT BOTTLE ROTATION

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	* 50	Minus	** 49	1	\$9	\$ 9.00
Indep. Claims	* 4	Minus	*** 4	0	\$43	\$ 0.00
Total Additional Fee For this Amendment --->						\$ 9.00

* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5

** If the "Highest No. Previously Paid For" is less than 20 write "20".

*** If the "Highest No. Previously Paid For" is less than 3 write "3".

_____ A check in the amount of \$ _____ to cover the Filing Fee (and Assignment Recording Fee) is enclosed.

X **General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees.** Should any additional fees be required in connection with this application, **during the entire pendency of the application**, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 05-04-04

(SIGNATURE)

05-04-04

FAY, SHARPE, FAGAN, MINNICH & McKEE

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